



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 1110.1
BUMED-05/NSHS-13
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BUMED INSTRUCTION 1110.1

From: Chief, Bureau of Medicine and Surgery
To: Distribution

Subj: ADMINISTRATION OF HEALTH PROFESSIONS ACCESSION PROGRAMS
(HPAP)

Ref: (a) DoD 1310.2
(b) SECNAVINST 1120.13a
(c) SECNAVINST 1120.6b
(d) SECNAVINST 1120.8b
(e) SECNAVINST 1120.12a
(f) SECNAVINST 1000.7d
(g) DoD 1205.5
(h) Title 10 U.S.C. Sections 2120, 2121, 2122, 2123,
2126, 2127, 2130A, 2173
(i) SECNAVINST 1520.8a
(j) DoD Policy 98-0018
(k) BUMEDINST 1524.1
(l) DoD 6000.12
(m) SECNAVINST 1520.11
(n) DoD FMR, DoD 7000.14-R
(o) DoD 6000.13

Encl: (1) Definitions
(2) Sample Accessioning Process Cycle
(3) Bureau of Medicine and Surgery Health Professions
Accession Program (HPAP) Management Board Charter

1. Purpose. Provide policies, procedures, and information concerning Navy Medical Department Commissioned Officer Accession Programs and delineate roles and responsibilities involved for each program's management and administration. These programs include direct accession, recall to active duty, interservice transfer, and a system of health care professional education and incentive programs. The health care education and incentive programs currently serve approximately 2400 participants enrolled in over 250 institutions throughout the nation and include the Armed Forces Health Professions Scholarship Program (AFHPSP), the Financial Assistance Program (FAP), the Health Professions Loan Repayment Program (HPLRP), the Nurse Candidate Program (NCP), and the Navy Active Duty Delay for Specialists (NADDS) Program.

2. Definitions. Enclosure (1) identifies terms used.

3. Background. The Bureau of Medicine and Surgery (BUMED) must maintain sufficient numbers of appropriately trained active duty health professionals ensuring Navy medicine meets mission-essential requirements. BUMED has received authority from the Secretary of the Navy (SECNAV), under regulations prescribed by the Secretary of Defense, to recruit, appoint, and remunerate health professionals in return for a subsequent active duty obligation.

4. Discussion: The following is a brief description of each accession program.

a. DIRECT PROCUREMENT: Recruitment of officer directly from civilian environment. Active duty and Reserve enlisted personnel can also apply for a commission through the direct procurement program. Recruit has completed basic professional education and may have relevant experience. Refer to references (a) through (e).

b. RECALL TO ACTIVE DUTY: The voluntary return of a commissioned officer from the Reserve to active duty component. Refer to references (a) through (e).

c. INTERSERVICE TRANSFER (IST): The transfer of a commissioned officer serving on active duty, between uniformed services; or the transfer of commissioned officers not on active duty, between the Reserve components of the uniformed services. Refer to references (f) through (g).

d. HEALTH SCIENCES COLLEGIATE PROGRAM (HSCP): Two year scholarship program in designated health care professions to complete degree/certification requirements and obtain Reserve officer commission in the active duty component of the Nurse Corps (NC), Medical Service Corps (MSC) or Dental Corps (DC) upon graduation.

e. NAVAL RESERVE OFFICER TRAINING CORPS (NROTC): Four-year undergraduate scholarship program leading to an officer commission upon graduation.

f. ARMED FORCES HEALTH PROFESSIONS SCHOLARSHIP PROGRAM SYSTEM (AFHPSPS): Refer to references (h) through (o).

(1) Health Professions Scholarship Program (HPSP): Inactive Ready Reserve Program for students accepted to or enrolled in an accredited training program leading to a health profession degree.

(2) Financial Assistance Program (FAP): An Inactive Ready Reserve Program for licensed and board certified physicians or dentists currently accepted to or enrolled in an accredited residency/fellowship program progressing toward a specialty which has been designated as critical to DoD.

(3) Health Professional Loan Repayment Program (HPLRP): An active duty and Reserve program used to recruit or retain qualified health professionals holding specific health care specialties. Under HPLRP, the Navy repays all or a portion of participant-incurred educational loan obligations.

(4) Nurse Candidate Program (NCP): A financial assistance program for students enrolled in a baccalaureate-nursing program.

(5) Navy Active Duty Delay for Specialists (NADDS) Program: Inactive Ready Reserve program permitting graduates of the AFHPSP to obtain graduate professional education in accredited civilian institutions. Reserve officers on the active duty list with remaining obligations are also eligible.

5. Organizational Responsibilities: The following lists the responsibilities of each of these organizations. Specific activities are outlined in enclosure (2).

a. Chief of Naval Operations (N931):

(1) Assesses future accession requirements on annual basis.

(2) Conducts POM assessment hearings when notified by BUMED (MED-05) that requirements differ from available resources.

b. Chief of Naval Operations (N-131) - Medical Officer Community Managers (OCMs)

(1) Ensures MED-05 has current data (end strength targets, OPA, etc.) for each critical planning point.

(2) Forwards copy of final COMNAVCRUITCOM Goaling Letter to MED-01, MED-05 (MED-52/55), Naval School of Health Sciences (NSHS), Bethesda, and Officer Indoctrination School (OIS).

(3) Solicits agreement from MED-52 and MED-01 (when applicable) before changing (i.e., increasing or decreasing) accession plan.

c. Commander, Navy Recruiting Command (COMNAVCRUITCOM-32):

(1) Collaborates on anticipated plan of appointments including expected quarterly execution. Includes 'panic-points' signaling required adjustments; for example, at mid-year review if 40 percent of appointments are not made, the plan may be adjusted.

(2) Provides monthly reports to NSHS Bethesda/MED-52 on all accession programs and realistic goal attainment expectation.

(3) Submits monthly report (same format as original goaling letter) to MED-01 comparing monthly planned execution. Report reflects under or over-execution of any program.

(4) Serves as program administrator for the HSCP.

d. Bureau of Medicine and Surgery (MED-01):

(1) Reviews/approves changes to accession plan in budget and execution years.

(2) Monitors execution of Reserve Personnel, Navy (RPN) and Defense Health Program (DHP), Operations and Maintenance (OM) accounts.

(3) Provides a bridge between the policy requirements of MED-05 and the financial responsibilities at NSHS Bethesda.

e. Bureau of Medicine and Surgery (MED-05):

(1) Serves as program manager for Navy AFHPSP.

(2) Conducts annual assessment of FYDP accessions requirements, which becomes baseline accessions plan for the next FY. For example, the assessment for POM-02, completed in early Spring 2000, results in a baseline used as FY 01 accessions plan. (MED-52/55)

(3) Develops accession plan using approved baseline accession plan. Any changes to the plan must be reviewed by MED-55 and approved by MED-01. (MED-52)

(4) Determines delta between student programs' requirements and available funding. Notifies N931 of resource excesses or shortfalls discovered during assessment. (MED-55)

(5) Forwards Medical Officer Accession Plan to Officer Community Managers (N131M). (MED-52)

(6) Monitors accession/strength plans to ensure

execution as developed and/or changed. Ensures changes to plans are communicated via future accessions plans. (MED-52)

(7) Convenes 'hearing' if requirements exceed funding, to determine appropriate course of action. (MED-55)

f. Naval School of Health Sciences (NSHS) Bethesda:

(1) Provides monthly status report to MED-52 on all students in each program. Emphasis placed on any deviations from previously approved accessions plans.

(2) Develops reports, in coordination with COMNAVCRUITCOM, listing new student program accessions. Provides monthly report to MED-52. Report details deltas from COMNAVCRUITCOM anticipated plan.

(3) Develops internal reporting procedures for notifying the NSHS comptroller of any changes in student status affecting pay accounts, i.e., leave without pay, removed from program, etc.

(4) Coordinates accession of new graduates into the various officer corps. Notifies MED-52 of any deviations from planned appointment and accessions into the officer corps.

(5) Serves as program executor for the Navy AFHPSP, including financial management with budget formation and determination of financial requirements.

6. Oversight. The HPAP process will be managed by the HPAP Management Board, enclosure (3).



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OPNAV (N-931)
COMNAVCRUITCOM
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DEFINITIONS

1. Accession. A gain to the active duty officer force or a change in commission status (see definition #12).

2. Accessions Plan. The accession plan details types of accessions required by specialty and/or specific category, i.e., direct, NROTC, AFHPSP, etc., to reach authorized end-strength. The accession plan includes the goals that become the goaling letter for CNRC. The accession plan is completed in response to an official BUPERS request.

3. Active Duty Obligation. The amount of time that a member is required to spend on active duty which is incurred by acceptance of scholarship/remuneration for participation in one of the programs of the AFHPSP system.

4. Armed Forces Health Professions Scholarship Program (AFHPSP) System. Includes Health Professions Scholarship Program (HPSP), Financial Assistance Program (FAP), Loan Repayment Program (LRP), Nurse Candidate Program (NCP), and Navy Active Duty Delayed Specialist (NADDS).

5. Appointment. The document which confers commissioned officer status on a student.

6. Assessment. A resource sponsor (N931) requesting program managers to submit POM requirements for resources programming.

7. Baseline Plan. The initial response to a Program Objective Memorandum (POM) or Program Review (PR) assessment. Used as a target during the development of the submitted accession plan. For example, the baseline accession plan is developed using the fiscal controls provided in the assessment. It is critical that the baseline accession plan for the next FY is developed under the fiscal controls provided, as no new resources are available at this time.

8. Defense Health Program (DHP). Referred to in this context (e.g., AFHPSP, Operations and Maintenance (OM), and DHP funds) it pertains to AFHPSP, OM, DHP funds student tuition, fees, etc.

9. Future Year Defense Plan (FYDP). Normally refers to a five or six year planning cycle.

10. Goaling Letter. The document used by the Officer Community Managers tasking CNRC to recruit into various accessioning programs.
11. Officer Programmed Authorization (OPA). Recurring published document summarizing officer billet authorizations.
12. Operations and Maintenance (OM). A type of appropriation. The "owner" of the appropriation follows the term. For example, OM, N = Operations and Maintenance, Navy.
13. Panic Points. In-house term identifying specific time periods in the recruiting cycle when CNRC determines that production to reach goal is lagging behind.
14. Program Administrator. Responsible for the day-to-day support operations and execution of program.
15. Program Objective Memorandum (POM). The program developed by the resource sponsor (N931) to procure future

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year resources (2-7 years). POM and PR may be used synonymously.

16. Reserve Personnel, Navy (RPN). The appropriation that funds student's monthly stipend and (up to 45 days) annual training (AT).

Accessions Process Cycle

1. **APR:** N931-approved FY XX baseline accession plan (for N931 resource sponsored programs) exists from PR XX+1 assessment. MED-52 develops accession plan based on this funded plan (e.g., PR-01 assessment completed in JAN 99 provides basis for FY00 accession plan). N931 and MED-01 must approve any changes to baseline plan when requirements differ from available funding. (*Note:* Changes to the baseline plan may occur due to personnel volatility (retention success, etc.) given that the approved plan completed and approved in February).
 2. **MAY:** MED-05 forwards consolidated Navy Medical Department Officer Accession Plan to N-131M Officer Community Managers. Plan requests that any changes made to Accession Plan by OCMs be approved by MED-05 and MED-01 (if funding involved) prior to completing CNRC Goaling Letter.
 3. **JUL:** N131M sends copy of signed CNRC Goaling Letter to MED-01, MED-05 (MED-52/55), NSHS, and OIS. *Note:* Any OCM changes to original CNRC Goaling (e.g., mid-year review), must be coordinated with N131M, MED-01 (if funded related), MED-05 (MED-52/55), and NSHS. *Note:* N13 is sole authority for recruiting goals forwarded to CNRC.
 4. **OCT:** CNRC develops 12-month plan of expected appointments with identified 'panic-points'. These 'panic points' are determined by CNRC, N131M, MED-52 (for changes to accession and strength plans), and NSHS (based on execution of current year funds). For example, a 'panic-point' may exist if 80% of the appointments are not made by July. Adjustments will be necessary if the goal appears unattainable. *Note:* Serious under/over-execution implications require early notice.
 5. **NOV/DEC:** N931 assesses Accessions as part of the POM XX+2 (e.g., in Nov 99, N931 will begin POM-02 assessment process). *Note:* At this point funding for FY XX+1 has been established and the accession plan is developed for FY XX+1 based on these fiscal controls. Requirements for FY XX+2 through FY XX+7 have a funding target (constraint) used as the goal to reach. Any increase in requirements must come from existing programs.
 - MED-52, in coordination with N131M, develops plan by specific category (e.g., direct, NROTC, AFHPSP, etc.)
 - MED-55 determines plan's financial requirements (reviews financial controls, determine program delta; provide summary analysis and input to PR/POM)
 - MED-05 submits consolidated accessions requirements to N931
- If requirements exceed funding, MED-05 convenes a 'hearing' (membership - N931, MED-01, MED-05, NSHS, Corps Chief or representative, and OCM) to determine appropriate course of action resulting in approved assessment. *Note:* This does not differ from any other assessed program.
6. **JAN/FEB:** President's Budget call for FY XX+1. Submission should reflect FY XX+1 accessions plan and requires exhibits for Financial Management Branch (FMB, formerly NAVCOMPT) on RPN and OM, DHP funds. FMB will issue control based on execution of FY XX-1 projected on FY XX and FY X+1. MED-01 coordinates with NSHS and obtains final chop from N-931.
 7. **FEB:** Approved POM XX+2 assessment becomes FY XX + 1 baseline accession plan.

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8. **MAR:** MED-52 conducts mid-year review assessing current year status and progress (gains and losses); coordinating with N131M OCM and Corps Chiefs, modifies current year accessions plans as required. MED-55/MED-01 assesses financial impact. MED-05 convenes reassessment hearing if necessary (determined from MED-55/MED-01 review). Revised accession plans (for current year) forwarded to N-131M, N131M forwards copy of signed revised goaling letter to MED-01, MED-05 (MED-52/55), NSHS, and OIS. This is a panic-point for the current year.

9. **APR:** Start back at step #1 – cycle continues.

10. **Monthly:** NSHS reports status of all students to MED-52 (e.g. appointments-new student starts and accessions-active duty gains). CNRC reports status of HSCP students and recruiting goal status to MED-52. Emphasis placed on any deviations from previously approved accession plans.

11. **Quarterly:** CNRC provides report to MED-52 listing new accessions (current FY) into each program. Report includes deltas from the CNRC anticipated plan of appointments.

**Bureau of Medicine and Surgery Health Professions Accessions Program (HPAP)
Management Board
CHARTER**

- 1. PURPOSE:** The BUMED (HPAP) Management Board provides centralized management oversight, improves communication and information flow, enhances stakeholder business/working relationships, optimizes HPAP resources, and makes recommendations to the Assistant Chief, Education, Training and Personnel (MED-05). The Management Board addresses issues pertaining to HPAP from accession planning through recruiting, management of the various scholarship and financial incentive programs, and commissioning of participants as full active duty Medical Department Officers. The Management Board will use the BUMED Instruction outlining the policies and procedures for the administration of the Health Professions Accessions Program as the reference document in making recommendations to MED-05.
- 2. OPPORTUNITY STATEMENT:** The BUMED HPAP Management Board brings together the stakeholders and expertise for effective reengineering of business practices supporting the medical department accessioning process. The HPAP Management Board identifies process improvement opportunities, develops appropriate plans of actions, and designs and coordinates the implementation strategies for HPAP management.
- 3. MEMBERSHIP:** The Management Board will be comprised of the following:
 - Assistant Chief, Education, Training and Personnel (MED-05), Chair
 - Commanding Officer, Naval School of Health Sciences, Bethesda
 - Commander, Navy Recruiting Command (Medical Programs)
 - OPNAV-N931B
 - MED-01B
 - MED-00MCB
 - MED-00DCB
 - MED-00NCB
 - MED-00MSCB
 - MED-55
 - MED-52

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4. **MEETINGS:** Meetings are conducted quarterly to develop a process for HPAP oversight and coordination or when called by the chair to address issues of immediate importance within the process. In the event that a member is unable to attend, an alternate representative identified by the principal member shall attend in their place. Members located outside of this area will be afforded teleconference services when necessary. Advance notice of meetings along with the agenda is provided as soon as they are known.


MED-55 is responsible for recording minutes and tracking action items. Minutes, including an Action Item Tracking Log, will be distributed to all members via e-mail within five working days following the meeting. The Action Item Tracking Log identifies the action item, responsible work group member, due dates, status, and planned follow-up actions. Responsible parties provide requested up-dates on assigned outstanding action items.

5. **DELIVERABLES:**

A defined but flexible HPAP management oversight structure linking medical department accessioning components with resource planning and allocation components.

A process to improve planning, management, monitoring and reporting of program execution for the overall HPAP system. Other deliverables are provided as tasked to the HPAP Management Board.

6. **DURATION OF COMMITTEE/WORK GROUP:** The HPAP Management Board scope and purpose is reviewed and validated in October of each year. The HPAP Management Board officially commences upon signing of this charter and remains in effect until terminated by the Navy Surgeon General.


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